

2018/2019

VOLUNTEER HANDBOOK

Iowa City VA Health Care System

601 HIGHWAY 6 WEST, IOWA CITY, IA 52246

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Welcome to the Iowa City VA Health Care System!

I hope this guide will answer any questions you may have about volunteering at the Iowa City VA Health Care System (ICVAHCS) and help you feel comfortable as you work in our facilities.

As you will soon see, volunteers are vital to our health care system's success. You are on the front lines, ready with warm smiles and helping hands. Your compassion makes our Veterans feel at ease, and your service truly makes a difference in how he or she feels about their care here.

Volunteers play a major role in helping us provide excellent quality care to Veterans. As you move forward in this program, I welcome your comments and suggestions for improving our service to Veterans. Your input is valuable and will assist us as we strive to give Veterans the very best care.

I thank you for your caring support and dedication in service to Veterans.

Sincerely,

*Ron DeVoll
Chief, Voluntary Service
Room 3W15
(319)338-0581 Ext. 6279*



VA
HEALTH
CARE

Defining
EXCELLENCE
in the 21st Century

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Voluntary Service Staff

Ron DeVoll, Chief, Voluntary Service
Specialist (Volunteer Transportation Network), x6281
Mike Foster, Specialist (non-driver volunteers), x6271
Anne Wineland, Assistant, x6270

Office Location: 3W10A
Office Hours: Monday through Friday 7:30 AM – 4:00 PM
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OUR PURPOSE is to provide our Nation's Veterans with the highest quality of health care that can be found anywhere.

OUR MISSION is to honor America's Veterans by providing exceptional health care that improves their health and well-being.

OUR VALUES

BECAUSE I CARE, I WILL...

INTEGRITY	Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.
COMMITMENT	Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA's mission. Fulfill my individual responsibilities and organizational responsibilities.
ADVOCACY	Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.
RESPECT	Treat all those I serve and with whom I work with dignity and respect. Show respect to earn it.
EXCELLENCE	Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.

Iowa City VA Health Care System Management Team

Judith Johnson-Mekota, Director

Dr. Javed Tunio, Chief of Staff

Dr. Tammy Neff, Associate Director/Patient Care Services

Heath Streck, Associate Director/Operations

Voluntary Service Overview

Voluntary Service coordinates community volunteer participation in the VA's program for providing health care and treatment to our nation's Veterans. The Chief, Voluntary Service plans with management and staff for the appropriate placement of individuals, groups, gifts, and resources to meet hospital-wide patient needs. VA volunteers do not replace paid staff, but supplement and extend the service of paid staff.

Voluntary Service welcomes donations for the comfort and well-being of patients. All donations should be sent to the Voluntary Service staff office, room 3W10A.

Volunteers Provide a Two-Fold Service

Volunteers provide a direct service to the staff and patients by participating in programs designed for patient welfare under VA supervision. They provide an equally important indirect service by acting as public relations ambassadors to our community. They inform their friends and neighbors about the VA's medical care and treatment programs and the role of the community in assisting with these programs.

Qualifications of a Volunteer

- Must be at least 14 years old
- Sincere interest in rendering service and physical ability to perform hospital work
- Businesslike approach to work while maintaining a sense of humor
- Willingness to accept hospital standards, guidelines, and policies
- Pass the fingerprint background check
- Complete all required training
- Have a sense of pride in your work
- Be responsible, dependable, and adaptable to change
- Ability to work with groups as well as with individuals
- Congeniality, patience, warmth, and kindness

- Adhere to the assignment's dress code
- VTN volunteer requirements: all drivers must have an up-to-date driver's license and insurance card on file. Additionally, current physicals must be in place. Notify the Voluntary Service Specialist of any health changes immediately.

Orientation and Training

All individuals are required to complete new volunteer orientation and training to become a VA volunteer. Training is also provided to each volunteer annually. The volunteer's assignment supervisor will provide on-the-job-training for volunteer assignments.

Supervision

All volunteers work under the supervision of a staff member. You will be introduced to your supervisor when you begin your assignment. If you have any questions concerning the performance of your assignment, discuss them with your supervisor.

Assignment Position Description

There is a position description for every volunteer assignment. All volunteers are provided with a copy when they are placed in an assignment. A copy of your position description can be obtained from the Voluntary Service office upon request. Know your assigned day, hours, duties and adhere to them.

Change of Assignment

Assignments are based on the volunteer's interests and the facility's needs. ***If you are not satisfied with your assignment or would like an additional assignment, discuss it with your designated Voluntary Service specialist.***

Volunteer Responsibilities

You will gain the respect of your fellow team members by:

- Accepting and observing the hospital rules and regulations. Don't criticize what you don't understand. There may be a reason. Ask a staff person for an explanation.
- Asking about policies you don't understand.
- Being dependable and faithful in your assignments.
- Reporting on time and staying until assignment is completed.
- Following the instructions of the staff member to whom you are assigned.

- Offering suggestions, but don't be critical, particularly in front of patients, family members, staff or other volunteers. Be kind and friendly to everyone in the facility.
- Avoiding involvement, emotionally or personally, in patient's problems.
- Remembering that all personal information, which you learn from or about a patient, is confidential.
- Conducting yourself with the dignity and assurance of a qualified team member performing a needed service in a pleasant and efficient manner.

Volunteer Rights

This relationship will be based on mutual respect for the job each is trying to accomplish. You will find that the staff will:

- Give you the respect due a fellow worker on the team
- Assign you to a needed task
- Give you helpful on-the-job instructions
- Discuss with you any matters concerning your volunteer assignment

Personal Property

Please safeguard personal belongings brought to the medical center. Check with your volunteer assignment supervisor regarding the availability of storage for safe keeping personal belongings. It is recommended that volunteers only bring the minimal items needed to conduct daily activities.

Probationary Period

All volunteers are on probation until they have completed at least 50 hours of service.

Personal Electronic Devices

When volunteers are on official duty time, all personal electronic devices must be turned off or set to silent or vibrate. Volunteers may use these personal devices during breaks or rest periods.

Photo Identification (ID) Badges

Identification badges will be issued to each volunteer after completion of a background check and new volunteer orientation and training. IDs must be worn at

all times when volunteering and must be above the waist with the picture and name facing outward. ***Do not wear your ID if you are being seen as a patient or visiting a loved one in the facility.***



NEW IDs: After you have started volunteering, please contact the Voluntary Service Assistant to set up an ID appointment.

RENEWAL IDs: IDs have an expiration date. Please contact the Voluntary Service Assistant prior to the expiration date to begin the renewal process.

Sign in Procedures

To record your volunteer hours of service, you must sign in through the Voluntary Service System (VSS) every day you are working. The sign-in terminal is located in the volunteer work room, 3W10. If you have more than one assignment, be sure you are recording your hours on the correct assignment. If you are unable to sign in on the computer terminal, sign in on the manual hours sheet provided by staff.

Volunteer hours are only received when performing official VA volunteer duties as outlined in the volunteer's position description. Personal time used to travel to and from the volunteer assignment DOES NOT COUNT. Hours for Volunteer Transportation Network (VTN) drivers begin when they pick up the government vehicle and end when they return it.

VTN Coordinators should report trips and hours outside of the Iowa City VA to Voluntary Service.

Sign in Procedures for Assignments Outside the Medical Center

Volunteers at offsite locations, such as Community Based Outpatient Clinics, are to report hours to the assigned VA supervisor or designee.

Reporting Accidents

Volunteers must report ***all*** personal accidents and injuries to their VA work site supervisor. The supervisor must initiate accident report forms. Copies of completed accident forms must be sent to Voluntary Service to be included in the volunteer's file.

Any VTN accidents, whether they involved vehicles or personal injury (i.e. someone falling), should be reported to the Voluntary Service Specialist and VTN coordinator

immediately. In case of emergency or for life-threatening incidents that occur outside of the Iowa City VA facility, dial 911. All motor vehicle accidents should be reported to local law enforcement and receive a police incident/accident report.

Meals

When volunteering at least 4 hours, volunteers are authorized a meal voucher worth \$6.00 for the Veterans Canteen Service cafeteria. Meal vouchers are issued through the VSS system upon login. Vouchers need to be signed and are non-transferable. Change will not be given for amounts under \$6.00, and volunteers are responsible for charges that exceed the \$6.00 value. *Meal vouchers are only available to volunteers assigned at the Iowa City facility. Must be used the same date of issue.*

Parking

Volunteer parking is located on the third and fourth floors of the parking ramp unless otherwise instructed by the VA Police or Voluntary Service. Lot regulations, such as reserved or handicapped parking, must be observed. Parking permits will be issued to volunteers. Volunteers at locations outside of the main facility will receive parking information from their on-site supervisor. Parking at VA Facilities is only permitted while volunteering or being seen for an appointment.

Attendance, Vacation & Resignation

If you cannot report for your assignment as anticipated, **please call your assignment supervisor directly**. Please notify your supervisor **and** Voluntary Service if you decide to discontinue volunteering. IDs and parking permits must be returned to Voluntary Service if you discontinue volunteering.

When NOT to Come to Work

Come to work only if you are well and free of infections. A volunteer with an infection may transmit his/her illness to patients. **DO NOT COME TO WORK** if you have an illness such as a cold, influenza, skin infection, shingles, diarrhea or other symptoms of illness. If you have had a fever, diarrhea, or vomiting, please do not come to work until you have been without these symptoms for at least 24 hours. If you are unable to make it to your regular volunteer assignment, **inform your volunteer site supervisor**.

Dress Code



Volunteers represent the medical center when they are performing volunteer assignments; therefore, you should always be dressed appropriately for your assignment. Based on job hazard, specialized personal protective equipment may be required. This could include but is not limited to: head coverings (nets, caps), gowns, proper foot protection (e.g. closed toes, closed heel shoes, steel toed shoes,

non-slip soled shoes). Each department will maintain information on personal protective equipment that is specifically required. Be sure to check with your assignment supervisor regarding dress code requirements.

- Cleanliness and Appearance**--Clothes must be clean, neat, presentable and properly fitted. Hair will be neat, clean, of safe length and/or netted if required, and appropriate for the workplace.

- Footwear**--Shoes must be in good repair, clean and intact, allow for ease of movement, and be appropriate to the work environment, as determined by the supervisor. Escort volunteers and those working in clinical or inpatient areas may not wear open-toed shoes. Thong footwear is considered inappropriate for safety reasons. If portions of feet or toes are exposed, appropriate hygiene must be maintained.

- Jeans**- At the discretion of the volunteer's assignment supervisor, volunteers may be allowed to wear jeans provided they are in good repair, without holes or tears, and not faded.

- Pants/Shorts**- Slacks, dress pants, skirts/dresses, and dress shorts may be worn. Dresses, skirts, and shorts must fall no more than 2" above the knee.

- Undergarments**--Appropriate undergarments must be worn.

- Suggestive Clothing**--No suggestive, revealing, or see-through clothing is allowed. This includes halters, low-scooping tops, open-back dresses, strapless tops, exposed midriffs, and underwear t-shirts/sleeveless muscle shirts.

- Political Attire**--You may not wear partisan political buttons, t-shirts, hats or other items nor display campaign materials or items.

- Jewelry**--Jewelry, body piercings, and tattoos should not interfere with the performance of duty and should be appropriate for the workplace.

- Perfume or Cologne**--Perfume/cologne, if permitted in the working area, should be worn in moderation.

- Hair**- Hair, including facial hair, must be neatly groomed.

Volunteer Conduct

Volunteers are considered *Without Compensation Employees*; therefore, they are required to adhere to the same policies as an employee. They should conduct themselves appropriately as they are representing the Iowa City VA Health Care System in *all* their interactions with others while on duty. This includes interactions with Veterans, guests, volunteers and staff.

Please remember, **the patient is the most important person**. His/her comfort and welfare should always be uppermost in your mind. We want your volunteer experience to be a positive, rewarding and fulfilling one. You are a valuable part of our effort to provide quality care to our Veteran patients.

RULES



- Be punctual and dependable.
- Wear your ID badge at all times while volunteering. Badges must be visibly worn above the waist with the picture and name facing outward.
- All modes of communication (speaking, laughing) with patients, staff and others should be conducted in a quiet manner since rest and quiet are major ingredients in the recovery process. Be a good listener.
- When possible, use the patient's name in your introductory greeting. Introduce yourself as a volunteer and state the reason for your visit.
- Claims, benefits, and pension issues should be referred to Veterans Service Officers or Eligibility and Enrollment. Do not discuss financial issues with patients or visitors.
- Be optimistic, calm, and cheerful. Avoid discussing controversial or exciting subjects like religion or politics.
- Be friendly and cooperative with those you come in contact with. Maintain the respect of volunteers, staff, patients, and visitors.
- As a volunteer, you are to serve only the wards or area assigned. Make contact with your supervisor in your assigned area when you start your volunteering day.

- If a situation arises which is awkward and you do not know how to handle it, contact your supervisor.
- Smoking is only allowed in designated smoking areas.
- Exercise good judgment in completing your assignments and show initiative where required.
- Do not lift or transfer patients, wheelchairs, or other large items.
- Do not bring a weapon to the VA. Possession of weapons on federal property is banned and grounds for immediate dismissal.
- Do not bring alcohol or illegal drugs. Possession of alcohol or illegal drugs or being under the influence of either will be grounds for immediate dismissal.
- Do not enter a room which is posted “Isolation” or “No Visitors” unless asked to do so by a nurse or doctor.
- Do not enter a room if the privacy curtain is pulled around a patient’s bed. Do not lean or sit on the patient’s beds.
- Do not assist patients or visitors with toileting needs. If assistance is needed inside a restroom, refer the patient to a nurse or other care provider.
- Do not distribute any items to patients unless requested by Voluntary Service staff.
- Do not administer medication or any kind of healthcare to patients.
- Do not take a patient off the ward unless instructed to do so by a staff member. Do not take inpatients or Emergency Department patients to smoking areas, even if requested by staff.
- Volunteers cannot handle financial transactions for patients or visitors. This includes but is not limited to borrowing or loaning money, purchasing items for patients or visitors, and cashing checks for patients or visitors.



- Maintain professionalism and do not establish personal or intimate relationships with employees, Veterans, or visitors. If a pre-existing relationship is present, please notify your volunteer assignment supervisor to avoid conflicts of interest.
- Do not take photos of patients, or anything else on VA property. If a photo is needed, contact the Voluntary Service Chief *in advance* to obtain approval.

Disciplinary Procedure for Volunteers

The Iowa City VA Health Care System is committed to creating an environment where all volunteers are able to perform to their best ability and achieve job satisfaction. The Iowa City VA Health Care System also recognizes that there will be occasions when disciplinary and/or performance problems arise. Voluntary Service has a policy which ensures that if such problems do arise, they are dealt with fairly and consistently.

Gross Misconduct Consequences

Where there is an allegation of gross misconduct, the Chief of Voluntary Service will carry out an immediate investigation. The volunteer will have an opportunity to participate in that investigation, state their case and answer the allegations of gross misconduct. While the alleged gross misconduct is being investigated, the volunteer will be suspended. Such suspension is not to be regarded as a form of disciplinary action and will be for as short a period as possible. Any decision to terminate will be taken only after an investigation is conducted.

The following is a non-exhaustive list that indicates the type of actions that may constitute gross misconduct:

- theft, fraud, deliberate falsification of VA documents
- violent behavior, fighting, assault on another person
- deliberate damage to federal property
- harassment
- being unfit for work through alcohol or illegal drugs
- gross negligence
- gross insubordination

Any false information provided on the Voluntary Service application, falsification of recorded hours or violation of medical center regulations and policies will lead to dismissal.

PRIVACY AND HIPAA

It is everyone's job to protect the confidential information of our Veterans!

Volunteer Responsibilities in the Use and Disclosure of Information

Volunteers can use health information contained in VHA records in the official performance of their duties. However, volunteers must only access or use the minimum amount of information necessary to fulfill or complete their official duties. The ability to access Protected Health Information (PHI) **does not** constitute authority to use PHI without a need to know. Volunteer's access to PHI is limited to support health care operations. There is **NO** authority for a volunteer to access another volunteer's or a Veteran's health record unless it is in performance of their official job duties and it is for health care operations. Refer to your local facility Privacy Officer for additional guidance.

What is VA Sensitive Information/Data?

All Department information and/or data on any storage media or in any form or format, which requires protection due to the risk of harm that could result from inadvertent or deliberate disclosure, alteration, or destruction of the information. The term includes not only information that identifies an individual but also other information whose improper use or disclosure could adversely affect the ability of an agency to accomplish its mission, proprietary information, and records about individuals requiring protection under applicable confidentiality provisions.

What is Protected Health Information?

The Health Insurance Portability and Accessibility Act (HIPAA) Privacy Rule defines protected health information as Individually Identifiable Health Information transmitted or maintained in any form or medium by a covered entity, such as VHA. This can include but is not limited to:

- Full name
- Birthdate
- Social Security Number (whole or part)
- Medical diagnosis/treatment information, including prescriptions
- Contact information (i.e. phone number, address)

What is an “Incidental Disclosure”?

An incidental disclosure is one where an individual’s information may be disclosed incidentally even though appropriate safeguards are in place. Due to the nature of VA communications and practices, as well as the various environments in which Veterans receive healthcare or other services from VA, the potential exists for a Veteran’s protected health information or VA sensitive information to be disclosed incidentally.

For example:

- You overhear a healthcare provider’s conversation with another provider or patient even when the conversation is taken place appropriately.
- You may see limited Veteran information on sign-in sheets or white boards within a treating area of the facility.
- Hearing a Veteran’s name being called out for an appointment or when the Veteran is being transported/escorted to and from an appointment.

Safeguards You Must Follow To Secure VA Sensitive Information

- Secure any VA sensitive information found in unsecured public areas (parking lot, trash can, or vacated area) until information can be given to your supervisor or Privacy Officer. Report such incidents to your Privacy Officer timely.
- Don’t take VA sensitive information off facilities grounds without VA permission unless the VA information is public information, i.e., brochures/pamphlets.
- Don’t take pictures without the proper approval.
- Any protected health information overheard or seen in VA should not be discussed or shared with anyone who does not have a need to know the information in the performance of their official job duties. This includes spouses, employees or colleagues.
- Do not share VA access cards, keys, or codes to enter the facility.
- Immediately report lost or stolen Personal Identity Verification (PIV) or Veteran Health Identification Cards (VHIC), any VA keys or keypad lock codes to your supervisor or VA police.
- Do not use a VA computer using another VA employee’s access and password.
- Do not ask another VA employee or volunteer to access your own health information. You must request this information in writing from the Release of Information office at your facility.

What are the Six Privacy Laws and Statutes Governing VA?

1. Freedom of Information Act (FOIA) compels disclosure of reasonably described VA records or a reasonably segregated portion of the records to any person upon written request unless one or more of the nine exemptions apply.
2. Privacy Act of 1974 provides for the confidentiality of personal information about a living individual who is a United States citizen or an alien lawfully admitted to U.S. and whose information is retrieved by the individual's name or other unique identifier, e.g. Social Security Number.
3. HIPAA provides for the improvement of the efficiency and effectiveness of health care systems by encouraging the development of health information systems through the establishment of standards and requirements for the electronic transmission, privacy, and security of certain health information.
4. 38 U.S.C. 5701 provides for the confidentiality of all VA patient and claimant information, with special protection for their names and home addresses.
5. 38 U.S.C. 7332 provides for the confidentiality of drug abuse, alcoholism and alcohol abuse, infection with the human immunodeficiency virus (HIV) and sickle cell anemia medical records and health information.

What are the Privacy Rules Concerning Use and Disclosure?

You are not authorized to use or disclose protected health information. In general, VHA personnel may only use information for purposes of treatment, payment or healthcare operations when they have a need-to-know in the course of their official job duties. VHA may only disclose protected health information upon written request by the individual who is the subject of the information or as authorized by law.

How is Privacy Enforced?

There are both civil and criminal penalties, including monetary penalties that may be imposed if a privacy violation has taken place. Any willful negligent or intentional violation of an individual's privacy by VA personnel, contract staff, volunteers, or others may result in

such corrective action as deemed appropriate by VA including the potential loss of employment, contract, or volunteer status.

Know your VA/VHA Privacy Officer and Information Security Officer. These are the individuals to whom you can report any potential violation of protected health information or VA sensitive information, or any other concerns regarding privacy of VA sensitive information.

How Does This Affect Me As A Volunteer?

As a volunteer, you may have access to Protected Health Information (PHI) and Personally Identifiable Information (PII) which must be safeguarded and kept confidential at all times. Documents containing PHI or PII need to be secured at all times and placed in VA-approved document destruction bins when no longer needed. Do not throw items in the trash that contain PHI or PII. Do not discuss PHI or PII in public areas or outside the hospital.

Compliance

All volunteers shall comply with all Federal laws, regulations, VA and VHA policies. Volunteers shall conduct themselves in accordance with the Rules of Behavior concerning the disclosure or use of information. The VA Rules of Behavior are delineated in VA Handbook 6500, "Information Security Program," Appendix D. Volunteers who have access to VHA records or VHA computer systems shall be instructed on an ongoing basis about the requirements of Federal privacy and information laws, regulations, VA and VHA policy.

Volunteers' access or use of PHI is limited to the minimum necessary standard of information needed to perform their official job duties. See VHA Handbook 1605.02, "Minimum Necessary Standards for Protected Health Information" for additional guidance.

Financial Transactions

Volunteers are NOT to engage in financial transactions with patients. Prohibited transactions include but are not limited to: borrowing or loaning money to patients, purchasing items for patients, and cashing checks for patients. If a Veteran is in need of a financial transaction, please inform the ward medical support assistant, nurse, or social worker.

Privacy and Confidentiality Summary

All volunteers must be responsible for safeguarding Protected Health Information. As a volunteer, you have a responsibility to keep all patient information, learned in the course of your duties, confidential and secure. Do not discuss any PHI with anyone.

Remember that you would want your personal information and health records treated in the same confidential and professional manner. Information concerning patients and their records are considered **CONFIDENTIAL** and sharing of that information is grounds for dismissal and/or dismissal as a volunteer.

8 Steps to a Safe and Secure Environment

1. **Shred-it policy** – 100% shred of **ALL PAPER** documents.
2. **Computers** – **ALWAYS** lock or log off your computer before you walk away.
3. **User Codes/Passwords** – **NEVER** share a code or password. **NEVER** let anyone use your account.
4. **Vigilance** – Take the time to question the presence of someone that does not work in your area or let the supervisor know.
5. **Printers** – Be sure to know the location of the printer you are using.
6. **Faxes** – **NEVER** leave paper documents sitting on a printer.
7. **Photo ID** – **ALWAYS** wear your VA photo identification while on duty.
8. **PII/PHI** – **ALWAYS** protect patient identifiable information and patient health information data on any media and keep it under lock and key.

HELPING YOU HELP OUR VETERANS

Doing things right and doing the right things.

VHA has established the Compliance and Business Integrity (CBI) Helpline in an effort to correct and prevent business errors, thereby assuring that we serve our Veterans ethically and are good caretakers of our communities' resources.

Examples of concerns for which the CBI Helpline may be used:

- Registration and patient intake
- Medical record documentation
- Medical encounter coding
- Billing
- Self-referrals
- Employment of sanctioned individuals or entities
- Any matter affecting the integrity of the VHA business operations (non-clinical issues)



Utilize Your CBI Officer

Employees should know the Compliance Officer at their facility and his or her role.

Dennis Sass, RN

Iowa City VAHCS Compliance Officer

(319) 338-0581 Ext 6237

Decision Process for Addressing CBI Concerns

- 1) Ask yourself some key questions
 - Is the action legal and ethical?
 - Does it comply with laws and regulations?
 - Is it consistent with VHA policies and procedures?
 - Does it fit with our organizational values?
 - Would you feel good about yourself if you did it?
 - Would you be comfortable discussing this with your family, friends, patients, and community?

If you answered “no” to any of these questions, you should go to the next step.

- 2) Discuss your concerns with your supervisor. If you are not comfortable with this, go to the next step.
- 3) Discuss your concerns with a higher-level manager. If you are not comfortable with that, go to the next step.
- 4) Discuss your concerns with the CBI officer or call the CBI Helpline at 1-866-842-4357. The CBI Helpline is available 24 hours per day, 7 days a week and each caller may remain anonymous.

It is VHA policy that no employee will be penalized for raising an issue or concern.

It is every employee’s duty to report potential compliance failures.

CBI Helpline: 1-866-842-4357 (1-866-VHA-HELP)

Fundraising and Personal Business Activities on VA Property

It is not appropriate for volunteers while on VA premises to personally sell, take orders, or deliver items for outside organizations or fundraisers. This includes but is not limited to Girl Scout Cookies, Boy Scout popcorn, or Avon.

Soliciting

VA volunteers and staff are not allowed to solicit on behalf of the VA. If you are in a service organization or community group, do not identify yourself as a VA volunteer if you are soliciting or fundraising.

Abusive Behavior

Abusive behavior is defined as any act against another person which involves physical, psychological, sexual, or verbal abuse and **will not** be tolerated. Employees, volunteers, students in training and without compensation appointees who witness or receive reports of abusive behavior must report the incident immediately to their supervisor. If someone’s safety is in danger, report to the VA Police. Reports of abuse will be investigated and addressed in accordance with VA guidelines.

FACILITY EMERGENCIES

Various emergencies can occur in the healthcare setting. In the event of an emergency, an overhead page with the type and location of the emergency is announced. A follow-up audible page will also occur when the event is over. If you encounter an emergency and need assistance, dial 333 from a hospital phone.

Code Green: Disruptive Behavior

Code Blue: Medical Emergency

Code Red: Fire

Code Silver: Active Threat/Police Emergency

RRT: Rapid Response Team

Code Stroke: Stroke

Code Green

Disruptive/threatening behavior alerts, known as a Code Green, are used when a threat to safety is imminent and immediate response is needed. Some offices are equipped with Code Green buttons, or they can be initiated by dialing 333 from any VA phone. CBOC volunteers will be given emergency response guidelines from their assignment supervisor.

If you don't feel a threat is imminent but would still like support, contact the VA Police at x6600 or contact your volunteer assignment supervisor.

Code Red

Our primary plan of fire protection is the relocation of patients. If you suspect a fire, pull the fire alarm, call 911, or call 333 to report a Code Red. Our fire emergency plan consists of four (4) phases: Rescue, Alarm, Contain and Extinguish. The plan is commonly referred to as **RACE**:

R – RESCUE - any person from immediate danger.

A – ALARM - ALARM BOX - Pull the nearest fire alarm.

TELEPHONE - Dial 911 to report a fire. State your name and exact location of the fire. If 911 is busy, dial "0" and report the information to the telephone operator.

C – CONTAIN - Close all doors.

Fire Emergency Response



Rescue



Alarm



Contain



Extinguish



FIRE DOORS: National Fire Protection Agency standards state that all fire doors will be kept closed. Fire doors are located at entrances to stairways, hazardous material storage areas and within corridors. These doors are provided with automatic closing devices and will not be modified to hold the doors open. Doors will be held open only when extreme hardship would occur.

SMOKE BARRIER DOOR: Smoke barrier doors divide each floor into zones and are held open by electro-magnets which release the doors when the fire alarm is activated. The smoke barrier doors should be opened only by firefighting or evacuation personnel.

E – EXTINGUISH - Fire extinguishers and other firefighting equipment have been distributed throughout the facility for emergency use.

All employees and volunteers are responsible for reporting a fire, or sign of fire, regardless of scope or origin.

Fire Safety

Fire safety is based upon two factors: an effective FIRE PREVENTION PROGRAM and a well-rehearsed FIRE EMERGENCY PLAN. The alarm system provides detection devices that improve our ability to detect the location of a fire. It also provides a verbal announcement of the fire location. All volunteers are required to observe the safety rules and regulations and participate in the scheduled fire drills in your work area. Your supervisor should show you where the fire extinguishers are located and when training sessions are available.

Fire Prevention Program

This is a modern facility that is highly fire resistant; therefore, we do not consider a general evacuation of the buildings a likely possibility. However, all buildings can burn; therefore, evacuation is included in our disaster plan to cover an extreme situation.

Determining the Location of the Fire

The alarm will start with the announcement of the Code Red alert and then plain language to describe the function of the area followed by an alpha-numeric description of the area within the floor. The Code Red function and area description will be repeated three times.

Alarm Example:

If the smoke detector in room 3W10 alarmed, the announcement would sound like this:

**CODE RED
3W10
Voluntary Services**

**CODE RED
3W10
Voluntary Services**

**CODE RED
3W10
Voluntary Services**

When the Fire Alarm Sounds

In addition to the audible announcement, fire doors will close and strobes will activate. If you are not sure what to do, ask a nearby staff person for guidance.

All Clear

After the area has been determined to be safe, the all-clear message will sound:

“Code Red, ALL CLEAR, Code Red, All Clear, Code Red, All Clear”

Code Blue/RRT

Medical emergencies requiring immediate attention from a health professional are known as a Code Blue. Code Blues can include, but are not limited to, heart attacks, seizures, or falls causing a serious injury.

If someone needs non-emergent medical assistance such as after a fall not causing serious injury, the Rapid Response Team can be called for assistance. To initiate a Code Blue or RRT, dial 333 from any hospital phone.

Code Stroke

Generally initiated by a healthcare provider, a Code Stroke is called when it is believed someone is having a stroke so that the proper treatment is rendered.

Inclement Weather

Weather alerts (watches or warnings) will be announced with an audible page. Follow instructions from your volunteer assignment supervisor or designee in the case of a weather emergency.

Types of Tornado Alerts

Tornado Watch: Weather conditions are right for a tornado; however, one has not been sighted. An audible page will be used to announce tornado watches in the area.

Tornado Warning: There has been an actual tornado sighting or touchdown in the area. An audible page will be used to announce tornado warnings in the area

Tornado Protection Plan

In the event of a tornado warning, patients, visitors, volunteers, and employees will be advised to seek shelter in appropriate areas. There are certain areas in the building which are safer than others. Generally speaking, the safest areas are:

- Small interior rooms or corridors. It is recommended to go to the lowest level of the building.
- Rooms without atriums or exterior windows.
- Rooms on the north or east side of the building.
- The east end of east-west corridors (avoid north-south corridors).



CUSTOMER SERVICE

Good customer service makes the customer feel welcomed and well-served. Simple actions, like making eye contact, smiling, and stopping what you are doing to pay close attention to a customer, can go a long way in preventing stress that leads to violence.

Customer service is everyone's job. Without our customers, we wouldn't be here. It is important to make time in your busy day to help our customers feel well-served.

Let's look at three ways to serve our customers who are at a normal or mild level of stress, or who may be experiencing a problem. Start by introducing yourself - "Hello. Welcome to the VA. How may I help you?"

1. Stop what you are doing - Make eye contact, turn away from your computer or bring your phone conversation to a close.
2. Listen to the Customer - Sometimes a person may just need to tell someone about the problem. Just listening can help calm the situation down before the problem becomes worse.
3. Apologize Appropriately - "Oh, I am so sorry to hear that." Or "I'm sorry you haven't had a great experience today. Let's see what we can do to change that."

Ways to Show Empathy

Sometimes showing empathy is hard. Remembering some simple non-verbal communication can help you to show empathy toward people who are stressed and can help them feel less stress. Important non-verbal communication includes:

- Staying calm and in control of your feelings
- Making eye contact
- Using open body language (uncrossed arms, turning toward the person, smiling);
- Keeping hands open and visible
- Using signs of active listening (head nodding, facial expressions that match the situation)
- Respecting personal space (stay out of striking distance)
- Avoiding physical touch with an angry person because this may be misinterpreted
- Avoiding threatening gestures such as finger-pointing, hands on hips, staring or scowling. Show through your behavior and appearance that you take this situation seriously and respect the person who is feeling stress

Diversity

The VA promotes diversity at all levels of the organization. Valuing diversity can enable an organization to deliver better services to its patients/consumers and, hopefully, contribute to the eventual elimination of racial and ethnic disparities. Take time to listen respectfully to each Veteran and look for ways to make their VA experience a positive one. This means demonstrating cultural competency (understanding), responding respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds and religions to protect and preserve the dignity of everyone.

Patient Abuse

Our policy is to provide quality health care to our patient population in a respectful and compassionate manner. The following actions/behaviors constitute patient abuse and are to be immediately reported to your supervisor and documented:

- Acts against patients which involve physical, psychological, sexual or verbal abuse
- Action or behavior that conflicts with patients' rights
- Intentional omission of patient care
- Willful violations of the privacy of patients
- Intimidation, harassment or ridicule of patients
- Willful physical injury of a patient

The penalty for patient abuse is dismissal

SUICIDE PREVENTION

Suicide is a national crisis with more than 42,000 deaths a year with 18% of those being Veterans. This is an average of 20 suicides a day by Veterans.

Risk Factors for Suicide

- Previous attempts
- Recent loss (physical, emotional, financial)
- History of physical/sexual/emotional abuse
- History of mental illness (anxiety, depression)
- Exposure to extreme stress or death
- Family history of suicide
- Lack of social support
- LGBTQ identity
- Lack of coping skills
- Service-related injuries

Suicide Warning Signs

- Change in behavior/moodiness/unexplained anger/irritability
- Risky behavior
- Any previous suicide attempts
- Hopelessness
- Giving away prized possessions
- Sudden interest in religion or disinterest in religion
- Verbal expression about death and dying
- Acquiring a gun or stock piling pills
- Drug or alcohol abuse, or relapse after a period of recovery
- Putting personal affairs in order
- Social withdrawal

Suicide Cues

Often, when a person has thoughts of suicides, they will provide others with verbal cues. These cues can be direct or indirect:

Indirect Suicide Cues

- “I’m tired of life and can’t go on.”
- “My family would be better off without me.”
- “Who cares if I’m dead anyway.”
- “I just want out.”
- “I won’t be around much longer.”

- “Pretty soon you won’t have to worry about me.”

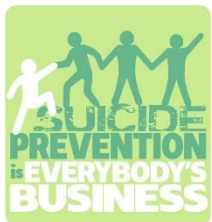
Direct Suicide Cues

- “I’ve decided to kill myself.”
- “If (such & such) doesn’t happen, I’ll kill myself.”
- “I’m going to commit suicide.”
- “I am going to end it all.”
- “I wish I were dead.”

If you know someone with risk factors and/or see any of the warning signs or hear any of the verbal cues, what should you do? Simple: ask the suicide question! You can be direct- “Are you thinking about killing yourself?”

Things to Remember About Suicide

Listen, listen and listen! Offer hope. Explain why you are concerned and offer support. If necessary, offer to help them or go with them to get help. Suicide is serious business and YOU can make a difference.



Veterans, family members or friends can access help through the suicide prevention website (www.veteranscrisisline.net) or the hotline number (1-800-273-8255).

Prevention & Management of Disruptive Behavior (PMDB)

Disruptive Incident - Most people recognize hitting and physical harm as violence. Not everyone realizes that there are many behaviors in the workplace that are considered violent, including verbal attacks. The National Institute for Occupational Safety and Health (NIOSH) defines violence as “any physical assault, threatening behavior, or verbal abuse that occurs while working or on duty.”

In Veterans Health Administration (VHA), the Prevention and Management of Disruptive Behavior (PMDB) Program educates employees to be aware of and prepared for workplace violence. Being aware and prepared will help you prevent violence in your workplace.

Violence Prevention and Awareness Training - Observation and Assessment Skills



Learn how to recognize signs of escalating disruptive behavior and perform ongoing interactive assessments. This training emphasizes early intervention to prevent situations from escalating to physical violence.

Verbal De-Escalation Skills

Learn and practice techniques to help de-escalate disruptive behavior through verbal and non-verbal interventions and setting effective limits.

This training utilizes common workplace scenarios that help participants practice each technique in a class with a trained instructor.

Personal Safety Skills

Learn and practice escape techniques that minimize immediate danger and allow time to respond appropriately to situations involving physical violence. This training focuses on practicing skills that allow you to avoid and minimize injury to yourself and others if you are physically attacked.

Disruptive Behavior Continuum

Any behavior ranging from annoying to violent can be considered disruptive if it threatens the safety of others. Recognizing disruptive behavior is the first step in doing something to help prevent violence.

Predatory or Affective?

One way to understand violence is to divide all types of violence into one of two categories:

Predatory (also called “planned”) violence or **Affective** (also called “reactive”) violence. We use the example of a cat. When a cat is hunting a mouse, it becomes very focused, intent, controlled, quiet and is difficult to distract. The attack has one specific target and if you were to distract the cat, it would be more likely to run away or give up on the chase than it would be to attack you instead of its target. This is predatory behavior.

Predatory Violence

When a person is carrying out predatory violence he or she may:

- appear controlled, showing no visible emotions, and little or no talking;
- be focused and intent on the target of violence; and/or

- already have a plan in place, often with weapons to carry out the plan.

On the other hand, when a cat is backed into a corner by a dog, it acts very differently. Its fur stands on end, it is loud and hissing, teeth and claws are bared, and it appears out of control. If you were to attempt to rescue the cat, you would be just as likely as the dog to be scratched or bitten. This is affective behavior, and it is driven by the cat's fight, flight, or freeze response to what it sees as a threat.

Affective Violence

When a person is carrying out affective violence he or she may appear: highly emotional, loud, angry, out of control; unfocused, striking out at anyone nearby with no specific target; and/or without any plan, and will usually only have a weapon if there is one easily available when he or she begins to lose control.



Subtle Forms of Violence

It is not always easy to recognize violence in the workplace, especially when it is subtle or when the damages are not so obvious. It is easy to see wounds from physical violence. But what about the unseen wounds from threatening behavior or verbal abuse?

Remember, the National Institute for Occupational Safety and Health (NIOSH) defines violence as "any physical assault, **threatening behavior, or verbal abuse** that occurs in the workplace." Listed are some types of threatening behavior and verbal abuse that occur in the workplace but may be hard to recognize. Subtle forms of violence should be reported to your supervisor, to Equal Employment Opportunity (EEO) Office, and/or to Human Resources, depending on the situation.

- | | |
|------------------|---|
| • Stalking | • Humiliation |
| • Discrimination | • Disrespect |
| • Intimidation | • Obsession |
| • Coercion | • Shunning |
| • Manipulation | • Sexually inappropriate comments/jokes/gestures |
| • Rumors | • Hostile or inappropriate emailing, texting, and sexting |
| • Blackmail | |
| • Degradation | |

Causes of Disruptive Behavior

There are many causes of disruptive behavior. Often, violence is an attempt to regain control or to make things right when a person feels wronged. Let's review some human factors that can lead to disruptive behavior. As we review the factors, think about ways that you could help reduce these possible causes of disruptive behavior.

Fear - When people feel uncertain or confused about what is happening, they may act disruptive or violent so that they feel more in control. When people are afraid of bad news, such as medical disability, loss of a job, loss of independence, or loss of good health, they may feel that they have nothing else to lose by acting out in violent or disruptive ways.

Frustration - Frustration can build up to disruptive behavior for anyone. Everyday hassles such as waiting in long lines, being sent to several places before getting help, and dealing with paper work, can make people lose control of their behavior and become disruptive.

Poor Health or Pain - It is much harder to control our behavior when we feel sick or in pain. Other health related issues that can cause disruptive behavior are:

- multiple blood tests or delay in getting results of tests;
- mood changes due to pain or as side effects of pain medications; and,
- recovery from surgery or other procedures that can cause delay in getting back to "life as usual".



Memory Loss - Everyone can forget things sometimes and some people have conditions that keep them from remembering things. When we can't or don't remember that we have already received help, we can become very angry and disruptive toward those we believe are not helping us.

Disrespect - When people feel disrespected by others they are much more likely to act disruptively. Some ways that people may feel disrespected are:

- not getting information, services, or results;
- feeling talked to like a child;
- feeling pressured to make decisions without enough information; and
- receiving unhelpful advice or sarcastic remarks.

Prevention is the Key - Prevention is the key to making sure an unpleasant situation does not turn into a disruptive or violent incident. Preventing violence from happening is always a better choice than experiencing violence in the workplace. The first step in preventing violence is understanding the three main elements involved in any situation: 1.) yourself; 2.) others; and 3.) environment.

Each of these elements interacts with each other in both good and bad ways to influence a situation. Your ability to watch all of the elements in a situation and change or influence them can help prevent violence.



Looking at Yourself - The first element to observe is the one over which you have the most control—yourself. Reacting to a stressed or angry person by becoming stressed or angry yourself is always a lose-lose situation. When looking at yourself, you want to ask yourself these questions:

- Body Language - How do I look? Are my arms crossed? Am I making eye contact? Is my facial expression angry or calm?
- Verbal Behavior - How do I sound? Do I sound threatening, uncaring, or mean? Am I interrupting the other person or trying to outtalk others? Am I using polite language and tone of voice?
- Personal Space - Am I standing too close or letting the other person get too close to me?
- Dangerous items - Am I wearing or holding anything that could be used to harm me, like a tie, scarf, jewelry, stethoscope, or scissors?
- Appearance - Am I wearing my hair in a way that would be easy to grab? Am I dressed respectfully and professionally?

Adjust Your Behavior - You can change or adjust your behavior to help improve the outcome of the situation. Helpful adjustments include:

- Using a calm voice
- Keeping your distance and respecting others' personal space

- Removing any item that can be used as a weapon against you
- Pulling back long hair in clips or tucking ponytails down the back of clothing
- Keeping an open posture and non-threatening eye contact
- Paying attention to your “gut feeling” as an early warning sign
- Remembering that when you are in control of yourself, it is easier to be in control of the situation.

Looking at the Other Person - The second element in any situation is the one over which we have the least control--others. When looking at the behavior of others, you want to ask yourself:

- Body Language - How is the person acting? Is the person pacing, clenching fists, slamming doors, pushing or throwing things?
- Verbal Behavior - How does the person sound? Is the person swearing, loud, or using offensive language? Is the person expressing exaggerated self-importance or entitlement? Is the person making threats or using a threatening tone of voice? Is the person blaming others or naming a target s/he plans to harm?
- Personal Space - How close is the other person? Is the person not keeping good personal space or a safe distance?
- Dangerous items - Is the person carrying a weapon or appear to be hiding weapons? Does the person have a cane, walker, or other item that can be used to hit or strike?
- Appearance - How does the person look? Does the person appear afraid, worried, angry, or suspicious?

Watch for Changes in Behavior - Once you have really looked at the other person, you'll have a better idea of what the person is thinking or feeling and what behavior to expect. Often violent behavior follows signs that a person is feeling stressed or out of control. Helpful actions you can take when you see other people showing signs of stress include:

- Ask how you can help the person;
- Keep a safe and respectful distance;
- Get help or notify others that someone may be in distress or losing control
- Take seriously all threats to harm or act violently
- Remember that ignoring behavior doesn't make a problem go away. It can make it worse.

Looking at the Environment

The environment is the third element in any situation. The environment includes all of those things around you and the other person, some of which you may be able to change or control, and some you can't.

Heavy Lamp

Potential weapons – Heavy items such as lamps or paper weights can either be bolted down or put away to prevent others from using them as weapons. Sharp items such as scissors and letter openers should also be stored out of reach to keep others from using them as weapons.

Chair

Arrangement of furniture – In violent situations you may need to leave quickly. Be sure that furniture is not blocking your path to the door. Avoid getting trapped behind chairs, desks, or other types of furniture.

Door

Available exits – It is a good idea to know where all of the exits are, in case you need to get away from a dangerous situation. You should also never try to stop an angry or violent person from leaving. Leaving is better than staying and hurting someone.

Person in Line

Confusion/noise/overcrowding – Loud noises, overcrowding, and confusing situations can all make people frustrated, which can make them violent. It is a good idea to keep areas from getting too loud or crowded. Keeping radios, TVs, and talking at polite levels helps people from getting upset.

Thermostat

Temperature of room – When people get too hot or too cold, they are more likely to become upset, disruptive, or violent.

Responding to Different Types of Behavior - Stress Levels

We all experience stress. Depending on the situation, we may feel more stress sometimes than at other times.

Stress can be broken down into five basic levels: normal, moderate, severe, panic, tension reduction. Each level affects a person's ability to make good choices and act appropriately. As people become more stressed, they take in less information and it becomes harder to help them. Once people rise to the highest level of stress, panic, they can become dangerous to the people around them.

Because each level of stress is different, there are different responses you should use at each level of stress. Let's look closer at ways to respond to different levels. When someone is at a **normal** or mild level of stress, good customer service skills will usually be enough to help the person calm down again. All employees can provide good customer service to help lower stress.

When someone is at a **moderate** level of stress, they will need helpful verbal and non-verbal techniques to help calm the person. Patient care employees receive training in verbal de-escalation techniques to help reduce moderate levels of stress. Non-patient care employees may need to notify their supervisor or seek help from patient care staff in these situations.

Advanced verbal limit-setting skills are needed once a person rises to the **severe** level of stress. Patient care employees receive training in limit-setting techniques in additional courses. Non-patient care employees should notify their supervisor or seek help from patient care staff once stress has escalated to severe levels.

At the **panic** level the biggest concern is that the person may become dangerous to others. Your best tools become ones of protection from physical attack. Patient care employees are trained to use Personal Safety Skills and Therapeutic Containment techniques in additional courses. Non-patient care employees should seek help immediately if they see someone is at a panic level of stress. Any employee may take VHA classes for personal safety and protection if she or he requests it.

In the last level of stress, **tension reduction**, the person is calming back down again after an escalation. It is important during this level of stress to support the person and help rebuild the customer relationship. All employees can help rebuild the customer relationship by using good customer service skills.

Understanding the different levels of stress helps you to act early to prevent

disruptive behavior or violence. The type of action you choose will depend on the person's stress level.

The goal is to stay supportive and connected with the person becoming stressed. The type of action you choose will depend on the person's stress level intensity. Every contact you have with others has a ripple effect, like a stone thrown into water. A positive or kind action by you can spread out to others through the people who experience your action. In the same way, a negative or unkind action by you can also spread out to others. By choosing to have positive interactions, we can all decrease the risk for disruptive behavior and violence in the workplace.

Non-Verbal Interventions

The most important non-verbal communication you can show is empathy. Empathy means connecting with how others are feeling in a real, warm, and caring way. Empathy helps an individual feel heard and understood. It can be very effective in de-escalating (calming down) a potential crisis. If your usual attitude is not one of empathy, trying to express it during a crisis may be very difficult.

Review- Ways to Show Empathy

Sometimes showing empathy is hard. Remembering some simple non-verbal communication can help you to show empathy toward people who are stressed and can help them feel less stress.

Important non-verbal communication includes:

- stay calm and in control of your feelings;
- make eye contact;
- use open body language (uncrossed arms, turning toward the person, smiling);
- keep hands open and visible;
- use signs of active listening (head nodding, facial expressions that match the situation);
- respect personal space (stay out of striking distance);
- avoid touching an angry person because this may be misinterpreted; and
- avoid threatening gestures such as finger-pointing, hands on hips, staring or scowling. Show through your behavior and appearance that you take this situation seriously and respect the person who is feeling stress.

Verbal Interventions

Combined with non-verbal communications that show empathy, your words can change a potentially disruptive situation, leading to reduced stress and safety for all concerned. Here are a few examples:

Giving Recognition - Good Morning, Mr. Thompson.

Offering Self - I know where that is. I can take you there.

Asking Open-Ended Questions - And then? Tell me more about that.

Making Observations - You look really tense right now.

Seeking Clarification - What is the most important thing for you to get done today?

Higher Stress Levels

When stress levels rise above the moderate level, advanced skills are needed. To manage severe levels of stress, you need training in advanced verbal de-escalation skills and limit-setting. To manage panic levels of stress, you need training in skills that will protect you from physical violence. These skill levels are trained in the PMDB classroom by certified PMDB trainers who will guide you in practicing advanced verbal and physical skills.



Personal Safety Skills

Personal safety skills are weight-based, not strength-based techniques designed to protect you from being physically attacked. These techniques allow you to escape from attacks with the least risk of injury to yourself or the person who is attacking you, since the person attacking you may be a patient in your care. Personal safety skills are trained in the classroom by a certified PMDB Trainer. You can ask your supervisor for more information about this in-class PMDB training.

Therapeutic Containment

Therapeutic Containment is a weight-based, not strength-based technique that can be used to physically contain a patient safely and effectively. It is used only when the patient has become so physically violent that his/her medical care cannot continue until the patient is physically contained. This technique requires a minimum of three trained people and is always used as a last resort when a patient's behavior threatens the safety of the workplace. Therapeutic Containment is trained in the classroom by a certified PMDB Trainer. You can ask your supervisor for more information about this in-class PMDB training.

Responding to Different Types of Behavior: Summary

You have reviewed Responses to Different Types of Behavior. You should now be able to:

1. Recognize normal, moderate, severe, panic, and tension reduction levels of stress
2. Match appropriate responses to each level of stress
3. Select various verbal and non-verbal intervention techniques.

Reporting Disruptive Behavior and VA Police Role

Training in violence prevention is essential. Healthcare workers have the highest rates of non-fatal injury from workplace assaults of any occupational group. In healthcare settings, there is increased risk for disruptive behavior and violence simply because of the type of work that is being done and the kinds of problems that come into the workplace. The more people who know how to respond to disruptive behavior correctly, the more likely we are to stop violent behavior before it escalates.

Did you know?

- Employers are required to keep the workplace safe and to provide education to employees about preventing workplace violence.
- The Occupational Safety and Health Administration (OSHA) and The Joint Commission (TJC) mandate that healthcare organizations develop policies and employee training to prevent workplace violence.
- Public Law 38 CFR 17.107 prohibits Veterans Health Administration (VHA) from barring or banning any eligible Veteran from care, including disruptive or violent patients. When patients are violent or disruptive, VHA is allowed to limit the time, place, and/or manner of care in order to protect the safety of the workplace.
- VHA Directive 2012-026 makes facilities and Veterans Integrated Service Networks (VISNs) responsible for “ensuring that behaviors which undermine a safe and healing environment are appropriately reported, addressed, and monitored.” This includes prevention, management, and reporting of sexual assaults, disruptive behavior, violence, and other safety incidents.

The Importance of Reporting

In general, only about 50% of workplace violence gets reported. In healthcare, reporting of violence drops to only 20% of incidents. There may be many reasons why employees decide not to report workplace violence: busy work schedules, fear of retaliation, concerns about getting others in trouble, or even confusion about how to report disruptive or violent behavior.

Employees are encouraged to report all incidents of disruptive and violent behavior. The more we know about what kinds of violence occur in the workplace and how often, the better we will be able to prevent and manage future incidents.

Do you know what kinds of behavior to report?

Verbal Abuse, Intimidation, or Threats

Verbal abuse, intimidation, or threats have no business in the workplace. No one deserves to be exposed to these types of violence. Sometimes it is easy for employees to think that tolerating this behavior is a part of their job, but it is not. These types of verbal abuse can lead to low morale and extreme job dissatisfaction over time. Reporting verbal abuse, intimidation, and threats can help supervisors and management protect employees in the workplace.

Physical Acting Out

It is important to report physical acting out such as throwing things, damage to property, slamming doors, or other threatening behavior. These behaviors can be dangerous and are often signs that a person is escalating to more violent actions that can harm others.

Threats

A threat is when a person specifically expresses a plan to do harm. Threats are often spoken, but can also be in writing such as letters, emails, texts, or online chat rooms or social media. Report any threat (written or spoken) to cause harm to self or others.

Physical Harm

Always report any physical harm to self or others. Examples include but are not limited to cutting, hitting, striking, biting, kicking, pushing, tripping, grabbing, choking, hair-pulling etc.

Possession of Weapons

Weapons are strictly prohibited on federal property. Report any weapons you see in the workplace to your supervisor so that management and VA Police are better able to prevent and manage incidents.

Sexually Inappropriate Behavior or Language

Sexually inappropriate behavior or language can feel threatening and demeaning. This behavior has no place in the workplace. If you experience sexually inappropriate behavior that causes you to feel uncomfortable or threatened, notify your supervisor or other management official.

Domestic Violence

Domestic and interpersonal violence doesn't always stay in the home. Sometimes violence that starts at home can follow employees to work and spill over into the workplace. When VA Police and management know about the possibility of domestic violence coming into the workplace, they can put safety plans in place to help protect all employees in the workplace.

Stalking

One definition of the word stalk is "to approach with secrecy." Basically, stalking is when someone is following, watching, spying on, or otherwise monitoring another person in a way that is unwanted or causes problems for the person being followed or watched.

Technology such as email, telephones, voicemail, text messaging, social network sites or global positioning systems (GPS) can be used to stalk others. Stalkers can be current or past patients, clients, co-workers, friends, spouses, romantic partners, or significant others. Having current or past relationships with a person does not mean that his or her stalking behavior is acceptable or permitted.

Bullying

Workplace bullying is repeated, health-harming mistreatment of one or more people by one or more perpetrators in the workplace. There are many ways that people who work together may bully each other, and the damage to the working environment is undeniable. You should report bullying in the workplace to your supervisor or other members of management as soon as you are aware it is happening.



How to Report

Reporting violent, disruptive, or threatening behavior in the workplace is vital to keeping our workplaces safe. VHA is committed to supporting and encouraging reporting of workplace violence. There are several ways that you can report incidents.

Uniform Offense Reports



VA Police serve as first responders to many incidents of workplace violence. Incidents that may require immediate police assistance include:

- active physical harm, physical attacks, or other immediately dangerous behavior;
- use of weapons or threat of weapons in the workplace;
- criminal activities such as theft, damage to property, or setting fires;
- and threats that someone is in immediate danger and needs

protection.

VA Police can take your report by writing a Uniform Offense Report (UOR). Depending on the circumstances, the UOR will be forwarded to other facility committees, Regional Counsel, patient safety, quality management, Office of Inspector General (OIG), or the Integrated Operations Center (IOC) in accordance with policy.

Supervisory Chain of Command and Reports of Contact

In situations where police assistance is not immediately needed, the first person to notify is your supervisor. Supervisors are responsible for making sure that your reports of dangerous, violent, disruptive or inappropriate behavior are reported appropriately.

When you are uncertain about when, what, or how to report, you can ask your immediate supervisor or other members of leadership in your service or facility. Other members of leadership may include your supervisor's immediate supervisor, your program director, your service chief or assistant chief, your service's representative in the facility executive office, and your facility director.

Disruptive Behavior Committee

The Committee is made up of facility employees from behavioral health, VA Police,

safety offices and programs, representatives of leadership, and other services at high risk for violence such as nursing, primary care and emergency departments.

The committee:

- Receives and reviews reports of all patient-generated disruptive behavior incidents or violence
- Participates in Workplace Behavioral Risk Assessments (WBRA) to determine a level of risk for each workplace in the facility;
- Prevention and Management of Disruptive Behavior Level I Reporting Disruptive Behavior and VA Police Role 20 of 26
- Makes data-driven threat assessments and threat management plans tailored to the individual patient generating the potential threat;
- Recommends behavioral interventions to modify patient behavior; and
- Oversees the education of employees in issues of workplace violence prevention through the Prevention and Management of Disruptive Behavior (PMDB) program.

You can contact the Chair of your DBC to find out how to make reports of violent and disruptive incidents at your facility.

Disruptive Behavior Committee (DBC) Reports

Reports of disruptive, threatening, or violent patient behavior should go to your facility Disruptive Behavior Committee, represented by the DBC Chair.

Patient Event Reports

When patients are injured, threatened, or harmed, your patient safety program receives reports through Patient Event Reports. Many facilities have a specific section for details regarding violent or disruptive behaviors that were part of the patient event.

Police Assistance

Every VHA Facility has a VA Police Service that responds to emergencies and criminal activity. VA Police are very valuable allies. They help keep the workplace safe by upholding and enforcing the law, and by working with all facility employees and management to protect everyone's safety.

Common ways VA Police help prevent workplace violence include:

- Applying state, local, and federal laws in workplace law enforcement
- Participating as members of the Disruptive Behavior Committee to help make

- decisions about managing disruptive and violent behavior in the facility
- Working with VHA customers and employees to support safe environments
- Investigating reports of violent, criminal, and/or disruptive behavior;
- Responding to emergency calls from employees, patients, and others in the facility
- Providing around-the-clock police presence in the medical centers to discourage criminal activity that could interfere with VHA facility operations

It is important for you to know the emergency numbers for contacting VA Police in an emergency – extension 333

Reporting Disruptive Behavior and VA Police Role: Summary

You have reviewed Responding to Different Types of Behavior.

You should now be able to:

1. define the role of the Disruptive Behavior Committee (DBC);
2. identify the importance of reporting disruptive behavior and violence;
3. identify how to report disruptive behavior and violence appropriately; and
4. recognize the role of VA Police in providing assistance.

Preventing and Reporting Sexual Assaults - What is Sexual Assault?

There are many kinds of assaults reported in VA. One particular type of assault that employees may find difficult to understand or respond to is sexual assault. VA defines sexual assault as: Any type of sexual contact or attempted sexual contact that occurs without the explicit consent of the recipient of the unwanted sexual activity.

“Explicit consent” means a clear and communicated agreement. To give explicit consent, a person must clearly say “Yes” to an action or contact before it occurs.

Methods Used in Sexual Assaults

Perpetrators of sexual assault may use several methods to get their victims to participate in unwanted sexual activity. Two types of methods are psychological coercion and physical force.

Psychological Coercion

Psychological coercion includes using threats, fear of bad consequences, or promises of favors in return for someone's cooperation.

Some examples of Psychological Coercion include a:

- Supervisor threatening to fire you if you do not perform oral sex
- Co-worker who promises not to report your medical error to the supervisor or hospital administration in exchange for sex; and
- Hospital contracting agent who promises to sign off on your government contract in exchange for sexual favors.

Physical Force

Using physical strength, weapons, or the threat of physical harm to overpower a victim. Some examples of Physical Force include:

- holding a knife to someone's throat;
- physically holding someone down; and
- threatening to shoot someone.

Levels of Behavior

Recognizing dangerous behavior early and taking action sooner rather than later is very important for violence prevention. Research into sexual assault shows that some perpetrators groom their targeted victims by committing "**low level**" offenses to see whether a red light (stop) or green light (go) is given by the potential victim. If low-level behavior is allowed or ignored (green light), then the perpetrator moves to increasingly more unacceptable behavior to test the victim's response to possible "**high level**" offenses. If a targeted victim shows an assertive negative response to a slight offense (red light), the perpetrator realizes that they will need to continue searching to find a more vulnerable target.

Low Level

Some examples of Low Level Behavior include:

- Inappropriate staring
- Invasion of personal space
- Sexually inappropriate comment or "joke"

High Level

Some examples of High Level Behavior include:

- Unwanted sexual touch
- Sexual assault or rape
- Exhibitionism

Green Light (Go!)

Here are some examples of passive responses to low level behavior that may signal a "green light" to a sexual predator:

Jane looks away and says nothing when she notices John staring at her several times throughout the day.

Bob laughs uncomfortably but doesn't object when Doug tells a sexually explicit joke about two men in the locker room.

Red Light (Stop!)

Here are some examples of assertive responses to low level behavior that may signal a "red light" to a sexual predator:

Without looking away, Jane says to John, "Why are you staring at me? That makes me uncomfortable. Please stop."

Bob tells Doug, "I don't find jokes like that very funny. Please don't share them with me anymore."

Gary says, "Sharon, you may be trying to be nice, but please don't rub my shoulders. It makes me uncomfortable."

VA Prevention Strategies

Now that we recognize predatory sexual behaviors, VA recommends Administrative and Individual strategies for prevention. When applied by everyone, these strategies help create a culture of non-violence that can lead to a safer environment for Veterans, staff, volunteers and visitors.

Administrative Interventions - Administrative Policy

Physical, sexual and emotional violence is totally and completely **unacceptable**. Facilities are required by OSHA to have written violent behavior prevention policies and to implement violence prevention programs.

Reporting

Reporting is mandated and important for identifying the scope of the issue. Any assault can be reported to VA Police and all sexual assaults must be reported immediately. Any incident involving a patient victim should be documented in a Patient Event Report.

All patient-generated behavior, including sexual assault behavior by patients, should be reported to your Disruptive Behavior Committee (DBC).

Individual Interventions

Avoid Isolation - Perpetrators usually rely on isolating their victims. Stay away from isolated environments. Use a "Buddy System" in your workplace during times when fewer employees are around.

Refuse Relocation - Do everything possible to avoid being physically moved from one location to another by the perpetrator.

1. Perpetrators will often move victims to isolate them or remove them from "the last place they were seen."
2. Risk of serious injury rises when offenders succeed at relocating victims to more isolated areas.

Leave - Your "gut" feeling will often warn you when a situation does not feel or appear safe—**Listen** to that feeling. If your instincts tell you a situation does not seem "right" or feels "unsafe," leave the situation immediately.

Reporting as a Prevention Strategy

Consider the following three scenarios.

1. Nancy is a secretary in human resources where Lisa, an employee in Environmental Management Services, has been paying her increasing amounts of attention. One morning, Lisa corners Nancy at her desk before anyone else is in the office and asks, "Hey, do you know how sex is like riding a bicycle?" Nancy answers, "I don't really think dirty jokes are funny. So please don't tell me anymore."
2. After listening to Mr. Johnson's lung sounds, Dr. Michaels turns away to pick up a blood pressure cuff. As she does, Mr. Johnson squeezes her buttocks and says, "Now it's my turn to check you out."
3. After their first day working together, Jill leans in close to Jake with her face almost touching his hair, takes a deep breath, and says, "I really love the smell of your shampoo." This makes Jake very uncomfortable and he asks her to not get so close to him.

Why Reporting Is Important

By reporting these events, Nancy, Dr. Michaels and Jake can start a process that: lets the offender know his/her behavior is not okay, should stop immediately, and should never occur again; lets the Disruptive Behavior Committee (DBC) monitor patient-generated behavior and lets the appropriate workplace safety team monitor employee-generated threat over time to see if this individual has a pattern of bad behavior that requires more serious action; and/or lets the facility know that things like this are happening so they can put safeguards in place to protect employees and other patients from being assaulted as well. Reporting is important because without reports, we would never find out that problems exist.

How to Report Sexual Assault - VA Police must be notified immediately.

It is mandatory that VA Police notify the Integrated Operation Center (IOC) **within two hours** of any allegations of sexual assault. If you are aware of, or suspect that a sexual assault has occurred (on VA property or anytime VA care is being provided in the community), your role is to:

- listen and be supportive;
- contact your supervisor or other management official; and
- contact VA police.

You are **not** responsible for deciding whether a sexual assault occurred.

Sexual Assault: VA Stance

VA treats sexual assault with the utmost seriousness and respect. Top priority is given to the care and support of sexual assault survivors, and to a thorough investigation of all allegations of sexual assault. Anyone suspected of committing sexual assault may be prosecuted to the full extent of the law.

INFECTION CONTROL

The Infection Prevention Program is designed to protect patients, visitors, employees, and volunteers from infections. Identifying potential infection prevention problems in health care settings is the first step in preventing the risk of the spread of infections.

Hand Hygiene

The single most important practice you can do to prevent the spread of germs and infection is to use excellent hand hygiene.

Alcohol based hand rubs (AHR) – sometimes called “hand sanitizers” – are acceptable for hands that are not visibly soiled. AHR’s should not be used as the sole method for cleaning hands after you use the toilet and should not be used when caring for persons who are ill with diarrhea or germs that live in the intestine.

Alcohol hand rubs should be used as follows:

- Apply to the palm of one hand (enough to use on both hands)
- Rub palms, back of hands and between fingers
- Rub hands together until dry

Hands must be washed with an antimicrobial soap and water if they are visibly soiled and/or you are caring for any patient with diarrhea.

The technique for proper hand washing is as follows:

- Wet your hands first with running water that is a comfortable temperature
- Leave the water running, if it is not an automatic on/off faucet
- Apply soap to make lather
- Rub palms, back of hand, nails, and between fingers vigorously - friction helps remove dirt and germs
- Rub for at least 15 seconds
- Rinse hands thoroughly (this removes the germs from your skin and removes extra soap from your skin so your skin does not get irritated from the soap)
- Dry hands completely with a clean dry paper towel
- Turn off faucet with a paper towel and discard it in a waste container (if you touch the handles of the faucet, you may pick up all the germs that are on it – use the paper towel to shut it off!)
- Use a paper towel to open the door and discard it in a waste container

Hand hygiene must be performed before and after direct patient contact, before putting on gloves, after removing gloves, before handling food and medications, after using the toilet or blowing your nose or whenever you think your hands may be contaminated. Do not touch a patient unless you have cleaned your hands first.

Hands must be washed with soap and water after using the toilet since alcohol hand rubs do not kill all the enteric viruses (viruses in the intestine) that some people carry.

Standard Precautions

Standard Precautions are everyday work practices that help prevent spread of disease by contact with body substances/fluids. They are designed to minimize the risk of transmission from both known and hidden sources of infection.

Employees and volunteers must recognize the potential for contact with body fluids and use barriers and personal protective equipment (PPE) whenever needed.

THINK AHEAD! If there is a possibility you could come in contact with body substances/fluids while assisting veterans or conducting your regular assignment, be sure to get training to use the proper PPE and have the proper PPE available for you to use. If you are not trained, talk to your volunteer assignment supervisor for necessary training.

Standard Precautions emphasize use of personal protective equipment – PPE (i.e. gloves, gowns, masks, goggles, face shields, safety glasses, etc.), because often it is not possible to know when an individual may be infected with an infectious agent. Assume that EVERY patient/person's body fluid may contain a bloodborne pathogen or other germs that could make you sick.

Use Standard Precautions for every instance when the potential for contact with body fluids may occur. Body fluids include blood, urine, sputum, saliva, breast milk, and semen. It does not include sweat. PPE should be available and used every time a potential exposure to someone's body fluid is likely. **Please note that volunteers should not assist patients with toileting needs. If a patient needs assistance in the restroom (including cleaning a patient who has been incontinent), locate a healthcare worker.**

Other practices included in Standard Precautions are:

- Excellent hand hygiene
- Proper use of gloves
- Use of safety supplies, devices, and equipment to prevent and dispose of infectious material
- Safe handling and disposal of sharp materials – needles or instruments

- Safe removal and disposal of infectious waste – infectious waste must be placed in a red biohazard bag or designated biohazard labeled container
- Proper management of blood/body fluid spill
- Good personal hygiene

If you ever have a body fluid exposure while at work, notify your supervisor immediately and be evaluated for potential exposure to bloodborne (or other) pathogens.

If you have an exposure to blood, a body fluid or contaminated needle or sharp...don't panic. Immediately:

- Wash the exposed skin with soap and water. If you have a splash of blood/body
- id into your mouth, nose or eyes, flush with water.
- Report your exposure to your supervisor. Prompt reporting is essential because, in some cases, post-exposure treatment may be recommended and it should be started as soon as possible.
- If a volunteer has an exposure, they should report to Occupational Health or the Emergency Department for evaluation.

Good housekeeping, especially disinfecting contaminated surfaces, is an important aspect of environmental control to prevent exposure to bloodborne pathogens. Disinfection of environmental surfaces requires removal of any solid material from the surface and application of the disinfectant for an appropriate contact time for the disinfectant to kill the microorganisms (usually at least 10 minutes or until the surface dries).

Infection Prevention is everyone's responsibility. Be aware that you can spread infections to others. If you are sick, stay home. Cover your mouth with a tissue if you are sneezing or coughing, and encourage others to do the same. Discard used tissues in the trash and clean your hands. Practice respiratory etiquette. Get your annual flu shot every year as getting the flu vaccine every year is the single most effective way to prevent getting the seasonal flu. Voluntary Service will provide information annually about flu shot availability and volunteer flu shot guidelines.

PATIENT SAFETY

We all play a crucial role in ensuring patient's safety. The following are current patient safety goals:

- Identify patients correctly
- Use medicines safely
- Prevent infection
- Prevent mistakes in surgery
- Improve staff communication
- Use alarms safely
- Identify patient safety risks

Remember: If you see a safety issue, don't hesitate to say something. Ensuring patient's safety is our priority. Report any potential safety hazards to your volunteer assignment supervisor.

Wheelchair Safety

Volunteers are not allowed to lift or transfer Veterans into wheelchairs. Ensure the footrests are up before a Veteran gets into the wheelchair and that both wheels are locked to prevent movement. Push wheelchairs slowly and carefully to the end destination.

Volunteer Transportation Network Safety

Veterans and caregivers riding with the VTN should be ambulatory and should be able to enter and exit the VTN vehicle unassisted.

Equipment and Utility Management

You will be trained on equipment you will use as part of your volunteer assignment. If you have questions in the use of the equipment you are required to operate, please notify your supervisor. If you are aware of equipment failure, utility failure, or run into problems using equipment, remove the item from service and notify your supervisor so he/she can initiate corrective action and/or provide equipment training.

Hazardous Materials Management

There are various chemicals and other hazardous materials used throughout the facility. Hazards associated with chemicals and materials are listed on the warning labels on the original chemical containers. Detailed information regarding the safe handling, storage, and disposal of chemicals and hazardous materials can be found

in the Material Safety Data Sheets (MSDS). The MSDS can be found in the work area where hazardous materials are used and/or stored. Be familiar with the location of MSDS in your work area.

If you are involved in a chemical spill:

- Evacuate everyone from the area
- Call your supervisor or Facilities (x7037)
- Identify the chemical
- Ventilate the area
- If a fire occurs, activate the fire alarm pull station
- Wait by the spill, well out of danger
- Follow clean up procedures on the MSDS
- Complete an Accident Report with your supervisor

